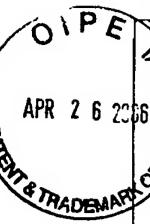
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TITLE OF INVENTION: METHODS FOR DENTIFYING COMPOUNDS FOR REGULATING MUSCLE MASS OR FUNCTION USING CORTICOTROPIN RELEASING FACTOR RECEPTORS  APPLN. TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE nonprovisional NO \$1400 \$300 \$1700 05/02/2006  EXAMINER ART UNIT CLASS-SUBCLASS  SHAFER, SHULAMITH H 1647 435-006000  1. Change of correspondence address or indication of "Fee Address" (37 (1) the name of up to 3 registered patient automeys of agents of Address from PTO/SB/12) attached.  (2) Fee Address' indication for "Fee Address" Indication form PTO/SB/12) attached.  (3) Fee Address' indication for "Fee Address" Indication form PTO/SB/12) attached.  (4) Change of correspondence address of indication form PTO/SB/12) attached.  (5) Fee Address' indication for "Fee Address" Indication form PTO/SB/12) attached.  (6) The Address of the United States of Address' Indication form PTO/SB/14, Rev 03-02 or more recent) attached. Use of a Customer Number is required.  (7) In the same of up to 3 registered patient automeys of agents. If no name is 184 in the property of agents of the names of up to 2 registered patient automeys or agents. If no name is 184 in the property of agents of the names of up to 2 registered patient automeys or agents. If no name is 184 in the property of agents of the names of up to 2 registered patient automeys or agents. If no name is 184 in the property of the name of up to 2 registered patient automeys or agents. If no name is 184 in the property of the name of up to 2 registered patient automeys or agents. If no name is 184 in the property of the name of up to 2 registered patient automeys or agents. If no name is 184 in the property of the name of up to 2 registered patient automeys or agents. If no name is 184 in the property of the patient is 184 in the property of the patient in the property of the patient in the patient of the patient in the patient in the patient in the patient in th		9.00 Day 27/2003	. <del>L.</del>	Robert Jos	senh Islan		8448	<del>r</del>	7224
SHAFER, SHULAMITH H 1647 435-006000  I. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address from PTO/SB/122) attached. Use of a Customer PTO/SB/1323 attached. Use of a Customer Number is required.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignce is identified below, no assignee data will appear on the patent. If an assignce is identified below, the document has been fill recordstion as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  The Procter & Gamble Company  Cincinnati Ohio  Please check the appropriate assignee category or categories (will not be printed on the patent): Individual © Corporation or other private group entity Govern the following fee(s) are enclosed:  4b. Payment of Foe(s):  States Fee  Publication Fee (No small entity discount permitted)  Advance Order + # of Copies 3  The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if required) will not be excepted from anyone other than the applicant; a registered atterney or agents. If no reams is identified above. Date April 26, 2006					FUE	· · · · · · · · · · · · · · · · · · ·	I		
SHAFER, SHULAMITH H 1647 435-006000  I. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  Shape of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Use of a Customer PTO/SB/132) attached. Use of a Customer PTO/SB/132 (and the names of up to 3 registered patent attorneys or agents of up to 3 registered patent attorneys or agents. If no name is itself, no name will be printed.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignce is identified below, no assignee data will appear on the patent. If an assignce is identified below, the document has been fill recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment.  (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)  The Procter & Gamble Company Cincinnati Ohio  Please check the appropriate assignee category or categories (will not be printed on the patent): Individual © Corporation or other private group entity Govern the following foe(s) are enclosed:  4b. Payment of Foe(s):  It is such fee (No small entity discount permitted)  Advance Order + # of Copies 3  The Director is hereby and private group of this form). Deposit Account Number 1 6 - 2480 harge the required fee(s), or credit any overpayment. Deposit Account Number 1 6 - 2480 harge the required fee(s), or credit any overpayment. Deposit Account Number 1 6 - 2480 harge the required fee(s), or credit any overpayment. Deposit Account Number 1 6 - 2480 harge the required fee(s), or credit any overpayment. Deposit Account Number 1 6 - 2480 harge the required fee(s), or credit any overpayment. Deposit Account Number 1 6 - 2480 harge the required fee(s), or credit any overpayment. Deposit Account Number 1 6 - 2480 harge the required fee(s), or credit any overpayment. Deposit Account Number 1 6 - 2480 harge the required fee(s)			ART UNIT		CLA		1		
CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  Solution of Ptor Address Indication form PTO/SB/122) attached. Use of a Customer Number is required.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignce is identified below, no assignee that will appear on the patent. If an assignce is identified below, the document has been fill recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  The Procter & Gamble Company  Cincinnati Ohio  Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Govern  4a. The following fee(s) are enclosed:  4b. Payment of Fee(s):  4c. Payment of Fee(s):  Advance Order - # of Copies 3  Solution Fee (No small entity discount permitted)  Advance Order - # of Copies 3  Solution Fee (No small entity discount permitted)  Advance Order - # of Copies 3  Solution Fee (No small entity status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27.  Authorized Signature  Date Apr 11 26, 2006	SHAFER, SHULAMITH H			1647 435-006000					
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Authorized Signature	a. Applicant claims	SMALL ENTITY status. See	37 CFR 1.27.	☐ b. Applic	ant is no l	onger claiming SMA	LL ENTITY stat	128. Sec 37 CFR	R 1,27(g)(2).
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Phone No. 513-622-2859

Application No.: 10/649,852

Inventor(s):

Robert Joseph Isfort et al.

Filed:

08/27/2003

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8448R

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